

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 07/12/2004		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 07/13/2004						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAIN	8517	46	CLAIMS DENIED, SUBMITTED BEYON				
	H/DD/SAS			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		11	5	CLIENT NOT ELIGIBLE ON SERVICE	0	51	106	55
				DATE				
3404902	BLUE RIDGE COMM	8517	86	CLAIMS DENIED, SUBMITTED BEYON				
	UNITY			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		0	0		0	86	86	0
3404904	WESTERN HIGHLAN	8517	1167	CLAIMS DENIED, SUBMITTED BEYON				
	DS LME			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		11	85	CLIENT NOT ELIGIBLE ON SERVICE	2	1312	2675	1363
				DATE				
		0	21	ZERO EOB APPLIED				
3404905	TREND COMM MENT	8517	178	CLAIMS DENIED, SUBMITTED BEYON				
	AL HLTH CTR			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8518	24	CLAIM DENIED, SUBMITTED BEYOND	0	219	219	0
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		8326	17	ATTENDING PROVIDER NUMBER IS R				
				EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404910	PATHWAYS	8517	423	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8599	42	DETAIL NOT COVERED BY COMBINAT	2	543	2087	1544
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8621	31	60 RESIDENTIAL LEVEL II: TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404912	CATAWBA COUNTYM	8931	148	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
		8599	76	DETAIL NOT COVERED BY COMBINAT	220	357	3250	2893
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	47	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404913	MECKLENBURG COM	8599	1146	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8517	1008	CLAIMS DENIED, SUBMITTED BEYON	1591	4530	11455	6925
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8933	981	ADTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404916	CROSSROADS BEHA VIOBAL HEAL	8517	312	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8599	180	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	19	566	5520	4954
		11	15	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404917	CENTERPOINT HUM AN SERVICES	8517	4350	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		537	187	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	274	5774	10185	4411
		167	186	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM				
3404918	ROCKINGHAM CO M ENTAL HEALT	8517	382	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		11	157	CLIENT NOT ELIGIBLE ON SERVICE DATE	30	629	2238	1609
		8599	28	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404919	GUILFORD CO MEN TAL HEALTHC	8517	1629	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8599	365	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	213	2388	13111	10723
		8935	149	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404920	ALAMANCE CASHEL L AREA MH D	8517	3625	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8599	329	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	92	4218	17319	13101
		8000	61	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404921	ORANGE PERSON C HATHAM AREA	8517	3795	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		5312	2336	PRIOR AUTHORIZED DOLLARS EXCEE DED	27	8203	18883	10680
		21	1000	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404923	VGFW AREA AUTHO RITY	8517	2263	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		0	149	ZERO EOB APPLIED	2	2528	4372	1844
		11	106	CLIENT NOT ELIGIBLE ON SERVICE DATE				

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3404925	SANDHILLS CENTE R FOR MH/DD	23	1256	SERVICE REQUIRES PRIOR APPROVA L				
		8517	969	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	39	3306	7213	3907
		8526	395	CLAIM DENIED, UNITS BILLED MUS T BE GREATER THAN ZERO				
3404926	SOUTHEASTERN RE G MENTAL HL	8517	20893	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		11	337	CLIENT NOT ELIGIBLE ON SERVICE DATE	147	22160	38821	16661
		0	239	ZERO EOB APPLIED				
3404927	CUMBERLAND CO M HC	8599	522	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8517	339	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	6	947	6908	5961
		191	94	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404929	LEE HARNETT MH/ DD/SAS	8517	371	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		11	159	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	651	4574	3923
		8599	35	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MNTL HLTHC	8517	26	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		0	0		0	26	257	231
3404931	WAKE CO HUM SVC BILLING OF	8517	5765	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		11	1129	CLIENT NOT ELIGIBLE ON SERVICE DATE	226	8666	31086	22420
		0	908	ZERO EOB APPLIED				
3404933	SOUTHEASTERN CT R FOR MH/DD	8517	272	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8599	122	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	82	732	7508	6776
		8931	56	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

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3404934	ONSLOW COUNTY B EHAVIORAL H	23	806	SERVICE REQUIRES PRIOR APPROVAL				
		8517	144	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED	0	1014	1253	239
		11	54	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8517	150	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED				
		8931	37	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	56	277	2140	1863
		8000	31	NO RATE AVAILABLE ON FILE TO PROCESS THIS CLAIM DETAIL				
3404937	EDGEcombe NASH MNTL HLTH C	8517	556	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED				
		21	6	DUPLICATE OF CLAIM-SYSTEM	0	568	1929	1361
		8599	4	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404938	RIVERSTONE MENT AL HEALTH C	8517	3630	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED				
		8599	32	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	3677	4586	909
		24	9	PROCEDURE CODE, PROCEDURE/MODIFIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATION				
3404939	NEUSE MENTAL HE ALTH CENTER	8517	862	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED				
		11	102	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	1186	2429	1243
		21	85	DUPLICATE OF CLAIM-SYSTEM				
3404941	PITT CO MH/DD/S AS CENTER	8517	1903	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED				
		21	624	DUPLICATE OF CLAIM-SYSTEM	129	3367	6042	2675
		8599	287	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404942	ROANOKE CROWANNE UMAN SERVIC	11	61	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8517	47	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED	32	234	1712	1478
		0	42	ZERO EOB APPLIED				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404943	ALBEMARLE MENTAL HEALTH CE	8599	88	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		937	40	PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE	53	292	2839	2547
		11	37	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404944	EASTPOINTE HUMAN SERVICES	8517	857	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED				
		21	243	DUPLICATE OF CLAIM-SYSTEM	162	1407	10515	9108
		8931	115	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404946	FOOTHILLS AREA MENTAL HEALTH	8517	506	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED				
		11	132	CLIENT NOT ELIGIBLE ON SERVICE DATE	8	896	6512	5616
		8599	106	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404957	TIDELAND MENTAL HEALTH CTR	8517	1864	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED				
		8599	274	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	321	2531	10705	8174
		8931	194	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404959	DAVIDSON COMMUNITY MENTAL HLTH CT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREA MENTAL DD/SA PRO	0	141	ZERO EOB APPLIED				
		8517	103	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED	0	251	1614	1363
		11	3	CLIENT NOT ELIGIBLE ON SERVICE DATE				